

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-388-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Kelly Tours Inc
Address: 2788 Hwy 80 West
Savannah GA 31408

Telephone: 912 964 2010
Fax: 912 964 1006
Other: _____
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten signature/initials

FORM C-AC
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
DOCKETING DEPARTMENT
101 Executive Center Drive
Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS C – CHARTER BUS

DATE _____, 20____

APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Kelly Tours Inc

2. (a) Street Address of Applicant 2788 Hwy 80 West

Savannah GA 31408

- (b) Mailing address, if different from street address 150 Glenda Drive

LaGrange GA 30241

- (c) Telephone Number 912 9642010

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed list of equipment is as per Exhibit "D" included herewith.

6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

RECEIVED

JUL 17 2009

PSC SC
DOCKETING DEPT.

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

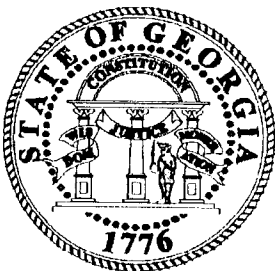
KELLY TOURS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/01/1996 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of August, 2009

A handwritten signature in cursive script, reading "Karen C Handel".

Karen C Handel
Secretary of State

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER: 9621921
EFFECTIVE DATE: 07/01/1996
COUNTY : CHATHAM
REFERENCE : 0107
PRINT DATE : 07/11/1996
FORM NUMBER : 311

MARK W. NICKERSON
POST OFFICE BOX 14621
SAVANNAH GA 31416

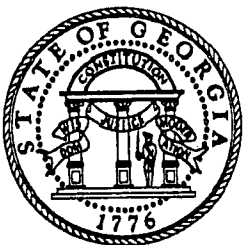
CERTIFICATE OF INCORPORATION

I, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

KELLY TOURS, INC.
A DOMESTIC PROFIT CORPORATION

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

ARTICLES OF INCORPORATION

OF

KELLY TOURS, INC.

I.

The name of the corporation is: "KELLY TOURS, INC." (the "Corporation").

II.

The Corporation shall have the authority to issue not more than 1,000 shares of no par value, common capital stock, said shares having unlimited voting rights and being entitled to receive the net assets of the Corporation upon dissolution.

III.

The initial registered office of the Corporation shall be located at 23 South Cromwell Road, Savannah, Chatham County, Georgia 31410. The initial registered agent of the Corporation shall be Donald C. Adams.

IV.

The name and address of the incorporator is Mark W. Nickerson, BRANNEN AND NICKERSON, L.L.C., Commonwealth Building, Suite 200, 7130 Hodgson Memorial Drive, Savannah, Georgia 31406.

V.

The mailing address of the initial principal office of the Corporation shall be Post Office Box 30699, Savannah, Georgia 31410.

VI.

The initial Board of Directors of the Corporation shall be comprised of one member, being Donald C. Adams.

IN WITNESS WHEREOF, the undersigned incorporator has set his hand and seal to these Articles of Incorporation, this 2111 day of June, 1996.

Mark W. Nickerson (L.S.)
Mark W. Nickerson

ARTICLE.KEL

SECRETARY OF STATE
JUL 1 6 51 PM '96
BSK (5)

EXHIBIT D

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

MAKE	MODEL & YEAR	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *	GVWR
Model H345 Prevost	2005	2PCH3349X51010177	36,860 LBS.	56 PAX	52060 LBS.
J4500 MCI	2006	2M93JMDA66W063508	37,820 LBS.	56 PAX	54000 LBS.
J4500 MCI	2008	2M93JMF A68W064612	37,820 LBS.	56 PAX	54000 LBS.
J4500 MCI	2008	2M93JME A08W064588	37,820 LBS.	56 PAX	54000 LBS.
2500 Mercedes Sprinter	2005	WD8PD744355799893	(5360 lbs)	13 PAX	8550
2009 Dodge Sprinter	2009	WD0PF445X95375606	5831 LBS.	12 PAX	1 TON
2009 Dodge Sprinter	2009	WD0PF445295375597	5831 LBS.	12 PAX	1 TON

*see attached
equipment list

* Seats if passenger carrier

Date:

8/12/09

Kelly TOURS

(Applicant)

Warren P. Hickman

(Applicant's Representative)

GM

(Title)

KELLY TOURS INC
 2788 HWY 80
 SAVANNAH GA 31408
 MC# 537279
 DOT# 1420430

UNIT	YEAR	MAKE	MODEL	VIN #	# PASS	GROSS	MTY WT	Tag #
177	2005	PREVOST	H345	2PCH3349X51010177	56	52060	36860	UD 1434
277	2006	MCI	J4500	2M93JMDA66W063508	56	54000	37820	UD 1479
577	2008	MCI	J4500	2M93JMFA68W064612	56	54000	37820	UD 1610
677	2008	MCI	J4500	2M93JMEA08W064588	56	54000	37820	UD 1612
351	2005	MERCEDES SPRINTER	2500	WD8PD744355799893	13	8550	5360	ACM0291
1911	2009	Dodge Sprinter	3500	WD0PF445X95375606	12	2000	583	BIG1385
1912	2009	Dodge Sprinter	3500	WD0PF445295375597	12	2000	583	BIG1386

Updated 09/08/09

INSURANCE QUOTE

The following insurance quote is for:

KEELY TOURS, INC.
(Name of Motor Carrier)
5 HAWK CT. HILTON HEAD ISLAND SC 29926
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$ 68,291

The above quoted premium is for a term of 12 months.

Minimum Limits: 16 or more passengers - 25,000/300,000/25,000
(Intrastate Only)

NATIONAL INTERSTATE INSURANCE COMPANY
(Insurance Company Name)
3250 INTERSTATE DR., RICHFIELD, OH 44286
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/13/09
Date
[Signature]
(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA**Name:** _____**U.S.D.O.T. No.** _____**ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes ✓ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy)Satisfactory ✓

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with these regulations?

Yes ✓ No _____


5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

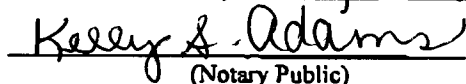
APPLICANT'S OATH

I, WARREN HICKMAN, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)



(Applicant's Signature)

Sworn to before me

This 17 day of Aug, 2009

 (Notary Public)

 Commission Expires: _____ Notary Public, Effingham County, Georgia
 My Commission Expires April 19, 2011.

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Kelly TOURS
(Applicant's Name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, WARREN HICKMAN, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

this 17 day of Aug 2009
Kelly A. Adams
Notary Public

Notary Public, Effingham County, Georgia
My Commission Expires April 19, 2011.

Warren P. Hickman
Signature of Applicant
(Not Legal Representative)